

REQUEST FOR WAIVER / REDUCTION OF MEDIATION FEES

NAME: _____

CASE NUMBER: _____

Names of other people residing in the home at least 50% of the time:

_____	_____ Adult	_____ Child
_____	_____ Adult	_____ Child
_____	_____ Adult	_____ Child
_____	_____ Adult	_____ Child

EARNED INCOME - for all persons in the household

A.) Your full or part time gross earnings (before taxes): A.) \$ _____ /month
(Please attach copies of **your earnings** for the last 30 days.)

B.) Gross earnings (before taxes) of any other people residing in your home (current spouse, live-in roommate, relative, etc.): B.) \$ _____ /month
(Please attach copies of **their earnings** for the last 30 days)

C.) Total Monthly Earned Income before taxes: (add lines A and B) C.) \$ _____ /month

UNEARNED INCOME - for all persons in the household

	You	Other Persons
• Child Support / Maintenance:	\$ _____ / month	\$ _____ /month
• WIC, Food Stamps, W-2 or other General Relief (MUST ATTACH PROOF)	\$ _____ / month	\$ _____ /month
• Stocks, Bonds, Investments:	\$ _____ / month	\$ _____ /month
• Unemployment compensation,	\$ _____ / month	\$ _____ /month
Pension, Disability Payments:	\$ _____ / month	\$ _____ /month
• School Grants:	\$ _____ / month	\$ _____ /month
• Other Unearned Income:	\$ _____ / month	\$ _____ /month

EXCEPTIONAL EXPENSES

Do you have any exceptional expenses that may affect your ability to make payment (i.e. medical expenses, etc.)? (Do not list child support, maintenance payments, day care or routine living expenses).

\$ _____ / month.

I hereby request that mediation fees be reduced or waived.

Signature

Date

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For Office Use Only:

Family Size: _____ Family Income: _____

Fees: _____ Full _____ Waived _____ Reduced to the Amount of \$ _____.

Approved this _____, day of _____, 200____, by _____.

Family Court Services